CRISIS RESPONSE NETWORK
FOR COLORADO, INC.
Inspiring Hope During Life's Most Challenging Times

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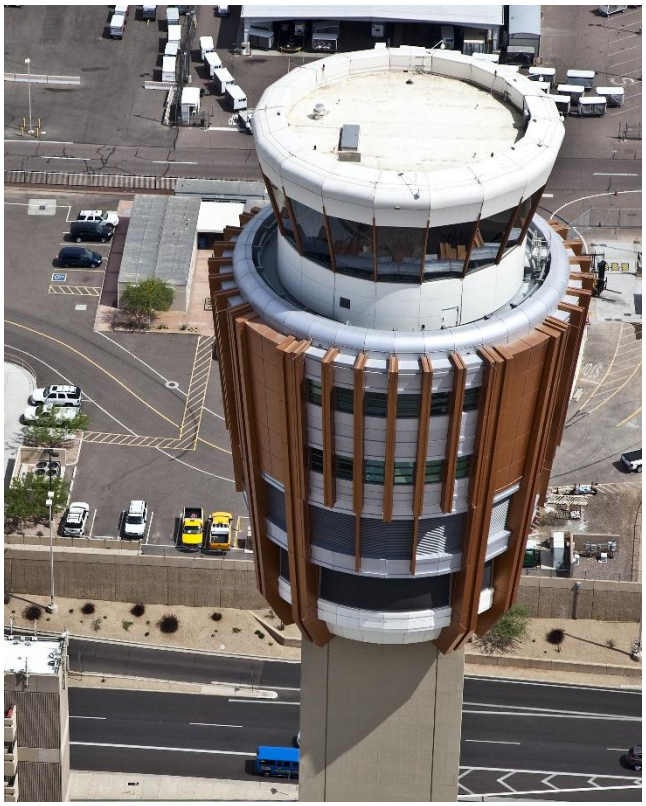

Arizona RFI HF332025

Bringing a New Level of Safety and Recovery through Integrated Air Traffic Control for Behavioral Health & Crisis Services

CONFIDENTIAL PROPOSAL

The **Crisis Response Network, Inc. (CRN)** responds to the Greater Arizona Behavioral Health Services, Request for Information (RFI) to answer question 5.4. "What are the implications of the State implementing a statewide crisis system?"

In this brief paper, CRN will lay out the case for a statewide, integrated system managed by ADHS through a contract vendor for the crisis call center functions, while leaving the peer warm lines, mobile crisis, crisis stabilization and other services status quo with the RBHAs.

We believe the lessons from air traffic control make a compelling case for Arizona to join Colorado, Georgia, Idaho, New Mexico and other states that have implemented statewide crisis and access call center systems.

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Who We Are

The Crisis Response Network, Inc. (CRN) was established in 2007 as a collaboration of crisis providers partnering to provide a seamless continuum of crisis services to individuals in Maricopa County, Arizona. The continuum of crisis services provided or coordinated through CRN include the nation's largest publicly funded Crisis Call Center, mobile team crisis response, crisis transportation, child and family crisis response, hospital rapid response services, crisis stabilization, substance use services, and inpatient psychiatric treatment. The founding partner provider agencies provide the community-based and facility based crisis services as coordinated by the Crisis Call Center at CRN, based on the following principles:

- *Showing dignity, respect and care for those served* - All services provided to individuals are provided on the premise that all individuals with a mental illness can recover. Each individual seeking crisis services is treated with respect and dignity. Staff honor each individual's and family's unique strengths, interests, and needs when providing crisis services.
- *Use of technology and data* - CRN utilizes cutting edge technologies such as web based technology, mobile devices and business intelligence software to collect, analyze, report and exchange data related to allow the opportunity for continuous quality improvement.
- *Collaboration with system partners* - CRN coordinates closely with its system partners, inclusive of behavioral health and substance abuse providers, emergency first responders, and others in the community who may be involved with individuals seeking crisis services (e.g., police departments, fire departments, schools, probation, jails, homeless shelters, hospital emergency rooms, Veterans Health Administration, etc.).

CRN began operating a 24/7 crisis hotline for the Maricopa County RBHA on September 1, 2007. CRN provides crisis services for any individual who calls the crisis line, including individuals enrolled in the public behavioral health system as General Mental Health and Substance Abuse, Seriously Mentally Ill, children/youth, and non-enrolled public behavioral health system individuals. CRN has been providing and coordinating the following services in Maricopa County since 2007:

- Telephonic crisis intervention
- Community mobile crisis response to: hospital emergency departments, caretaker families when children are removed from the home by Child Protective Services (CPS), schools and any community setting where an individual is located
- Emergency and non-emergency crisis transportation
- Follow-up services after a crisis episode has been resolved
- Warmline services to help individuals stay out of crisis
- High-utilizer services that provide more appropriate supports while safely decreasing reliance on the crisis system

CRN collaborates with a local provider agency specializing in peer supported services for warm line services. The warm line peers are co-located with CRN crisis line staff (see Phoenix crisis call center below). This allows them to utilize the state-of-the-art telecommunications system to gather extensive data about warm line calls and for close collaboration between crisis hotline and warm line staff. Crisis

line staff transfer approximately 6,000 calls per month to the warm line. Warm line staff also assist in conducting follow up with callers after they have reached out for crisis services to ensure they are connected to on-going services.

CRN staff answer 19,000 calls per month, dispatch approximately 1,600 mobile crisis teams per month, and dispatch approximately 2,300 crisis transportation services per month. Approximately 92% of calls are resolved telephonically or with mobile crisis services with the caller remaining in the community.

CRN's success in providing quality, efficient crisis services has been realized through the collaborative approach with partner crisis providers and community stakeholders who may also serve the individuals who call the crisis line. For example, CRN works closely with first responders, including local law enforcement and fire departments, to collaboratively resolve systematic issues and coordinate services to divert individuals from jail and unnecessary emergency department services. Another example is CRN's close partnership with police as a contributor to the 5-day Crisis Intervention Training (CIT). During CIT, local law enforcement learn about the behavioral health system and how the CRN can both support police to keep the community safer and how to divert individuals from the jail system to the treatment system. CRN dispatches mobile crisis services to assist first responders with individuals experiencing a behavioral health related crisis episode, allowing first responders to return to their roles within the community.

CRN utilizes technology solutions to enhance data exchange with partner crisis providers when dispatching mobile crisis services and transportation, as well as to share information with ongoing providers about the crisis services provided to their enrolled individuals. Regular meetings with partner crisis providers are held to review data and collaboratively resolve any issues identified.

Expanding to Tucson & Pima County

In January 2011, CRN expanded its operations and began operating the Pima County Community-Wide Crisis Line through a contract with the Pima County RBHA. CRN provides crisis services for any individual who calls the crisis line, including individuals enrolled in the public behavioral health system as General Mental Health and Substance Abuse, Seriously Mentally Ill, children/youth,

and non-enrolled public behavioral health system individuals. CRN has been providing and arranging for the following crisis services in Pima County since 2011:

- Telephonic crisis intervention
- Community mobile response to: hospital emergency departments, schools and any community setting where an individual is located
- Emergency and non-emergency crisis transportation
- Assistance with the petition process for court ordered evaluation and treatment

In addition, the Pima County Community-Wide Crisis Line tracks availability of community resources, such as hospital beds and detoxification beds, coordinating referrals to available resources within the crisis system. Warm line services are provided through a contract with a local provider agency specializing in peer supported services. The warm line staff are co-located with the crisis line staff.

RFI Question 5.4 "Statewide Crisis System"

At the end of November, Virginia Senator Creigh Deeds told CNN that he was alive for just one reason; to work for change in mental health. Just a week earlier, his son "Guss" stabbed him 10 times and then ended his own life by suicide. This happened only hours after a mental health evaluation determined that Guss needed more intensive services, but he had to be released from custody before the appropriate services could be found.

Sadly, it is strikingly common for individuals in mental health crisis to receive support only to later **"fall through the cracks."** They simply disappear from the view of the system during interminable delays for the services that professional assessments have already determined they clearly need. They walk out of an Emergency Department "Against Medical Advice," disappearing from view until the next crisis occurs.

Far too many individuals like Guss are being left behind. While they sometimes hurt themselves, it is infrequent that they harm others. When it does occur, it's rarer still that the person is an important Senator. However, every time there is a Columbine, Tucson or Sandy Hook, we grieve… and we wring our hands and consider whether there is a better way.

Over a thousand Arizonans die by suicide every year… and we assume nothing can be done. Crisis Response Network (CRN) contends it is time to raise the bar in Arizona and innovate with solutions that will drive a different set of results.

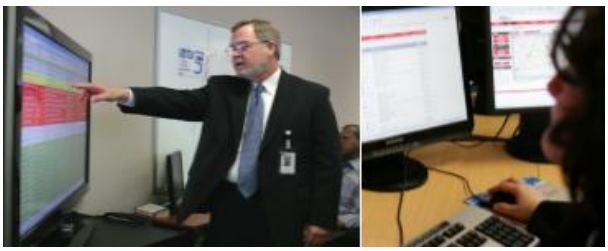
Learning from Air Traffic Control Safety

In 2006, the movie "Flight 93" chronicled the heroic efforts of passengers of a hijacked United Airlines plane. It also gave us an up close and personal view of the way air traffic control works to ensure the safety of nearly 30,000 commercial flights… per day! When three individuals died in an Asiana crash in San Francisco in July 2013, it marked the end of a 12-year time span in the US without a passenger death on a large commercial airliner. Today, it is remarkably safe to fly.

The keys to advancements in aviation safety are simple. Two vitally important objectives of air traffic control are missing with the services in the Deeds tragedy. They are absent from most of the US public sector behavioral health and crisis system and it is simply not possible to avoid tragedy without them.

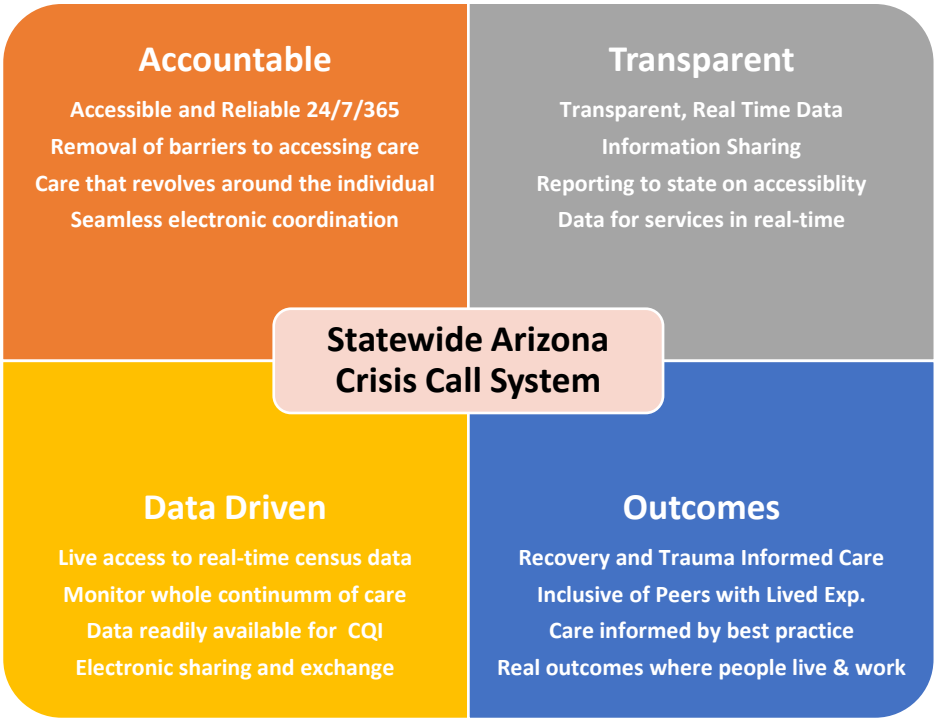
- **Goal #1: always know where the aircraft is –in time and space - and never lose contact;**
- **Goal #2; verify the hand-off has occurred and the airplane is *safely in the hands of another*.**

In the same way, CRN proposes that the ADHS require that the statewide crisis call center have an "air traffic controller's view" of individuals currently navigating the crisis system. This is accomplished through state-of-the-art technology with an integrated software infrastructure that tracks individuals at a statewide level, with built-in protocols to ensure consistent triage, and warm hand-offs to the appropriate crisis service teams across the State. This is very different from the traditional system and will reduce the failures of current systems across the country. This is not a notion; this technology has been in use since 2006. CRN stands ready to deliver this level of integration in Arizona today.



In the Air Traffic Control example, technology systems and clear protocols ensure that there is absolute accountability at all times, without fail. It was surprising to see the air traffic controllers using wooden blocks in the Flight 93 movie to represent each plane, given all the high tech tools at their disposal. But, when an air traffic controller staff has the block, they have responsibility for that plane… unless and until they physically give that block to someone else, who then assumes the same care and attention. They simply cannot accept the notion that there is ever a time that an airliner is not being supported by anyone, and left on its own.

For individuals and families attempting to navigate the system of care in the midst of a mental health crisis, the standard of care should be no less diligent. CRN has received over 1.4 million crisis calls from individuals, their families and the social service agencies that work with them over the last six years. In a statewide system, sophisticated software will help the crisis professional assess and engage those at risk and track individuals throughout the process, where they are, how long they have been waiting, and what specifically is needed to advance them to linkage. Their names will highlight on the pending linkage status board in green, white, yellow or red, depending on how long they have been waiting.



When a person contacts the crisis call center, they have metaphorically put their hand out and our crisis teams have taken it. We continue holding their hand until we have confirmation that we have successfully connected them with another agency/entity that will have clinical responsibility. If there is a referral to mobile crisis, law enforcement or an emergency department, we ensure they were connected with care. These approaches also apply for those with routine needs touched by our mobile teams or crisis call center staff as we follow up with everyone, 100%.

Making the Case for a Close and Fully Integrated Crisis Services Collaboration

In 2010, the Milbank Memorial Fund published the landmark "Evolving Models of Behavioral Health Integration in Primary Care," which included a continuum from "minimal" to "close fully integrated," that would establish the gold standard for effective planned care models and change the views of acceptable community partnership and collaboration. Prior to this time, coordination among behavioral health and primary care providers had frequently been minimal or non-existent and it would have been easy to accept any improvement as praiseworthy.

Instead, the Milbank report portrayed close agency-to-agency collaboration (evidenced by letters of support, MOUs, shared protocols, etc.) as the lowest levels and insufficient. They described these community partnerships and their coordination as minimal or basic only citing sporadic or periodic communication and inconsistent strategies for care management and coordination. They called for frame-breaking change to the existing systems of care, and their report continues to reverberate throughout the implementation of integrated care.

In this RFI response CRN has modified the Milbank collaboration continuum (original citation of Doherty, 1995) for the purposes of evaluating crisis system community coordination and collaboration (see table above). In this model, the highest level (close and fully integrated) requires shared protocols for coordination and care management that are "baked into" electronic processes, web-based, HIPAA compliant and secure communication, and operations that are 24/7 and real-time.

In the introduction to our proposal, we described the failures of current systems and the frequency with which individuals "fall through the cracks." Despite its strengths, the Virginia Community Service Board system and its interface with community providers did not meet the Level 5 "Air Traffic Control Connectivity." They appear to have strong agency-to-agency relationships (Minimal or Basic levels) and yet these provide little solace to grieving families like the Deeds. CRN takes seriously the need to avoid both near misses and tragedies; and believe a Level 5 crisis system community collaboration on a statewide basis, should be replicated in Arizona.

Required Elements of a Statewide Crisis Services "Air Traffic Control System"

CRN believes at minimum a Level 5 "close and fully integrated" crisis services system possesses the following attributes:

- Secure, HIPAA compliant and easy to navigate web-interfaces and community partner portals
- Electronic interconnectedness with community partners, including emergency departments, social service agencies and community mental health providers with intensive service providers (acute care psychiatric inpatient, community-based crisis stabilization, inpatient detoxification and mobile crisis response services)
- Online, real-time dashboards that provide transparent accountability for outcomes related to the data elements captured through the systems described above

In order to achieve the goals of a statewide system, the vendor should employ an integrated suite of software applications offers the following:

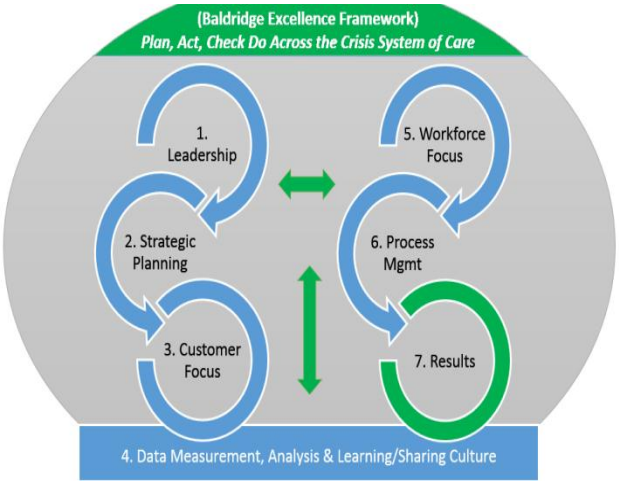
- 24/7 electronic scheduling for intake and outpatient appointments with sites across the state, and data on speed of accessibility (Average Business Days Till Appointment)

- Shared tracking of the status and disposition of linkage/referrals of individuals needing intensive service levels, requirements for service approval and transport, shared protocols for Medical Clearance algorithms and data on speed of accessibility (Average Minutes Till Disposition)
- Online intensive services real-time bed census for community partners showing the availability of beds in the crisis stabilization programs and 23 hour observation beds with interactive two-way exchange (individual referral editor, inventory/through-put status board).
- Private psychiatric hospitals can show available beds through a beds available application
- Managed care portal for interactive communication and authorization
- Web-based submission forms, supporting community partners requesting mobile crisis dispatch and hospitals being able to electronically schedule referrals related to discharge planning
- Web-based submission forms, supporting community partners with RBHA managed care requirements
- Mobile crisis electronic dispatch and safety protocols, utilizing GPS-enabled tablets to efficiently and quickly determine closest available teams and track response times We believe a statewide system must include the capacity for community partners to access the "air traffic control" support and infrastructure through a secure, HIPAA compliant web interface and log in with their user name and password. This will enable community partners to enter the crisis system portal and utilize the tools described above.

CRN believes that "knowing your neighbor agency" is just not good enough. Even organizations with numerous close relationships are extremely inefficient and ineffective when their protocol relies on phone calls back and forth for coordination of care (leaving voice mails, playing phone tag, etc.) This seemed to be the principle challenge with the Virginia tragedy, and when the time period for hold lapsed, there was no tracking or follow-up.

Time to Raise the Bar: Quality in Crisis Services

If Phoenix Sky Harbor International Airport settled for a 99.9% success rate, there would be one unsafe take-off and/or landing… per day! Yet, as the Deeds family situation tragically demonstrates, we do not have even the basic elements of a crisis services air traffic control system in much of the country.



The fact that SWA Flight 4013 recently landed at the wrong Missouri airport, with a dangerously short runway, is not just national news; it is the subject of a Federal NTSB investigation which provides support for just how serious this principle is. Even though no one was injured, the fact that passengers were placed at unnecessary risk, warrants such attention, and the flying public would expect nothing less.

"Some is not a number. Soon is not a time." This quote from quality pioneer Dr. Don Berwick reflected the urgency with which those engaged in the landmark "Crossing the Quality Chasm" effort brought

with their "Save 100,000 Lives" campaign, which catapulted quality improvement and the pursuit of perfection in hospital care in the mid-2000s for acquired infections, medication errors, patient falls, etc.

With this same diligence at our core, and utilizing strong quality models (such as Baldridge Excellence Framework above) and with the combination of the expertise and the technology that we described here, Arizona can create a revolution in the care we provide to our most vulnerable community members.

We believe the following requirements should be in place for a statewide call center system:

1. Regional crisis collaboration advisory working groups (see graphic below)
2. Accreditation by CARF and/or AAS as a crisis information and intervention call center
3. Transparency of outcomes through online, real-time dashboards
4. Statewide Crisis System Quality Review Committee (including peers & family members)
5. Annual quality plan, revised on a continuous basis

Experts in Crisis: It's What We Do

At CRN, crisis services are all we do. It's our core mission, our passion and our expertise, and we believe specialists in crisis services are required to deliver the accountability, outcomes, safety and recovery that Arizona demands for a statewide crisis call center system. In medicine, there needed to be a sub-specialty called emergency medicine, with trained specialists. In our field, there is a similar need for a special program dealing comprehensively with psychiatric crisis just like we have specialized emergency room crisis services in physical medicine. As long as we fail to recognize the specialized expertise required for mental health crisis services, we will continue to recycle the same solutions and face the same tragic outcomes.

In 2008, the Council of State Governments made the case for transformation through Keon Chi's four key principles framework: asserting that services and programs should be anticipatory, results-focused, collaborative and transparent. CRN has a long track record of success "protocolizing" interconnectedness with a vast array of community partners and sharing the data and outcomes online with interactive dashboards for Peers, families and other key stakeholders to see. It's a level of transparency around results not commonly seen in either public sector mental health or crisis services.

Unfortunately, for every tragedy related to a missed opportunity for behavioral health intervention, there are many near misses that go unnoticed. These events cause real suffering on the part of individuals and their loved ones who need care, but these people go largely unaccounted for in a complicated system fraught with gaps, delays, and barriers. In our Air Traffic Control analogy, these individuals are "below the radar."

Troubled by Tucson, its unfair share of tragedy and suicide, Arizona has contemplated a big vision of a statewide and integrated crisis system. Arizona has the opportunity to change the outcomes, to establish a crisis system for the big-C "Community," and to create public accountability around the data and outcomes of these important new programs. CRN stands ready to partner in this important endeavor and help create a safer and more effective system. Our goal is not to replace or augment the many components of the system already in place. Our goal is to fill the gaps, remove the barriers and orchestrate better outcomes in holding the hands of Arizonans in crisis until they have what they need in place to realize the very real and attainable goal of recovery.

Summary: The Value of a "Level 5" Integrated Statewide Crisis and Access Line for Arizona

Bottom-line, a statewide system will be more effective, safer and more person-centered, and it will embody the principles of transformed government:

- **Anticipatory** - A no wrong door approach to crisis access and predictive modeling at the individual and systems level will increase our learnings to support individuals in crisis
- **Results-Focused** – At the individual level, those in crisis are followed and supported from "phone call to doorstep," and economies of scale create efficiencies
- **Collaborative** – Regional QI advisory groups provide the key community input, and electronic integration takes coordination to an entirely new level
- **Transparent and Accountable** – a single state-wide call center provides real-time publically visible dashboards